



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

December 22, 2014

Trif Alatzas
Senior Vice President and Executive Editor
Baltimore Sun
501 N. Calvert Street
P.O. Box 1377
Baltimore, MD 21278

Dear Mr. Alatzas,

I am writing to bring to your attention a troubling series of erroneous statements published in the Sun, which require correction.

The statements relate to heroin addiction, one of the leading public health challenges in Baltimore. As the city's daily newspaper, the Sun should be aware of the scientific evidence on what works to help patients recover and gain control over their lives. The Sun should not publish false and misleading assertions that stigmatize life-saving therapy.

By way of background, numerous scientific studies have assessed the effectiveness of different types of treatments in helping heroin addicts stop using illicit drugs, stay out of jail, and stay alive. Public health and medical authorities have then analyzed these studies. Their consensus conclusion: Treatment of opioid addiction with the medications methadone and buprenorphine is more effective than treatment without these medications.

For example, The National Institute on Drug Abuse, part of the National Institutes of Health, has found that "scientific research has established that medication-assisted treatment of opioid addiction increases patient retention and decreases drug use, infectious disease transmission, and criminal activity."¹ Similarly, the World Health Organization has determined:

¹ National Institute on Drug Abuse. Medication Assisted Treatment for Opioid Addiction. April 2012. Online at <http://www.drugabuse.gov/publications/topics-in-brief/medication-assisted-treatment-opioid-addiction>.

Of the treatment options examined, [methadone and buprenorphine] maintenance treatment, combined with psychosocial assistance, was found to be the most effective ... Compared to detoxification or no treatment, methadone maintenance treatment ... significantly reduces opioid and other drug use, criminal activity, HIV risk behaviours and transmission, opioid overdose and all-cause mortality; it also helps to retain people in treatment. Compared to detoxification or no treatment, buprenorphine also significantly reduces drug use and improves treatment retention.² [Emphasis added]

Medication-assisted treatments are so important to clinical care of patients with addiction to heroin and other opioids that the American Psychiatric Association, National Committee for Quality Assurance, and American Medical Association have supported a quality measure that assesses whether patients are counseled on their availability.³

There is also a track record of using medications to treat heroin addiction successfully in Baltimore. After Baltimore dramatically expanded access to treatment with methadone and buprenorphine, heroin overdose deaths fell from a high of 312 to just 108 in 2008. Our paper on this remarkable decline, peer reviewed and published in the *American Journal of Public Health*, found “a strong and statistically significant inverse relationship between heroin overdose deaths and the number of buprenorphine patients.” We estimated that buprenorphine was associated with a 37% decline in heroin overdose deaths,⁴ a result that was consistent with a 50% drop previously reported from buprenorphine in France.⁵

Over the last two years, the East Coast has seen a surge in the availability of cheap heroin, often laced with a highly potent opioid called fentanyl. During this time, Maryland has been able to release more detailed information on this trend than any other state in the nation.⁶ There is an urgent need for coordinated action across public health and law enforcement to control the problem.

² World Health Organization. Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Geneva, Switzerland: World Health Organization, 2009.

³ See <http://www.qualitymeasures.ahrq.gov/content.aspx?id=27958>.

⁴ Schwartz RP, Gryczynski J, O’Grady KE, Sharfstein JM, Warren G, Olsen Y, Mitchell SG, Jaffe JH. Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland 1995-2009. *American Journal of Public Health* 2013 103(5):917-22.

⁵ Carrieri MP, Amass L, Lucas GM, Vlahov D, Wodak A, Woody GE. Buprenorphine use: the international experience. *Clinical Infectious Diseases* 2006; 43 Suppl 4: S197-215.

⁶ Department of Health and Mental Hygiene. Overdose Prevention: Data and Reports. Online at http://adaa.dhmh.maryland.gov/OVERDOSE_PREVENTION/SitePages/Data%20and%20Reports.aspx.

In recent months, the Sun has provided its readers with in-depth coverage of state and local efforts to expand access to naloxone, a reversal drug. Your editorials have supported the naloxone expansion, the state's creation of overdose fatality review boards, our prescription drug monitoring program, and ongoing education of clinicians.

With respect to treatment, the Sun supported "maintaining Maryland's investment in the treatment and recovery programs it already has and expanding them whenever possible." The Sun did not specify which treatment facilities it considers "some of the most effective...in the country."

Yet the Sun published, without any apparent effort to check facts, a letter and an op/ed containing false and misleading statements about the medications used to treat heroin addiction and about state support for addiction treatment.

The erroneous assertions in these publications have included:

Assertion	Evidence
"Studies show that methadone causes more overdose deaths than any other opiate."	False. According to data from the Office of the Chief Medical Examiner, heroin is, by far, responsible for more overdose deaths in Baltimore and in Maryland than any other opiate. When methadone is involved in an overdose, it is almost always methadone prescribed for pain or sold illicitly -- outside of treatment for addiction. ⁷ Moreover, it is well established that patients in methadone treatment are <u>less</u> likely to die from overdose than those who do not receive medication-assisted treatment.
"Other studies show a much higher rate of relapse among MMT patients than those who are in a long-term abstinence-based program."	False. Randomized trials have repeatedly shown that treatment with medication is more effective than equivalent treatment without medication.
"MMT substitutes one drug for another—one that many perceive is more addictive and dangerous than heroin."	False. This statement simply spreads stigma in the guise of an asserted "perception." Methadone when used for treatment is not more addictive or dangerous than heroin. Moreover, it is untrue that methadone maintenance treatment substitutes for heroin. In the context of a therapeutic program, methadone is a treatment for addiction to heroin. Patients in stable recovery with methadone, by regaining control over their lives, no longer

⁷ Centers for Disease Control and Prevention. Risk for overdose from methadone used for pain relief – United States, 1999-2010. *Morbidity and Mortality Weekly Reports* 2012; 61(26): 493-497.

	meet the clinical criteria for substance use disorder.
Methadone patients are “high” and “nodding out” in 12-step programs	False. Patients who are abusing other substances, whether or not they are on methadone, can be high or “nod out.” But patients on stable methadone doses in addiction treatment cannot be distinguished in behavior from people who are not on methadone. They just go about their lives.
The Administration is “promoting one form of treatment simply because it’s cheaper.”	False. The Administration supports medication based therapy because of the evidence. We do not support discrimination against patients receiving effective treatment for heroin addiction, just as we would not support discrimination against patients with diabetes receiving insulin or patients with HIV receiving anti-viral drugs.

The Sun has published allegations that the O’Malley Administration has cut the treatment budget, when in fact, funding for substance abuse treatment through local grants and the Medicaid program has increased every year – even during the recent recession. The O’Malley Administration deserves praise for historic investments in addiction treatment and recovery services.

The Sun also published flatly untrue statements about an event in Frederick County in which I and my wife, Dr. Yngvild Olsen, participated. It was asserted that we each spent much of our time espousing the benefits of methadone in an attempt to “shove methadone down the throats of consumers.”

Here’s what actually happened: The Frederick County Health Officer, Dr. Barbara Brookmyer, invited me to speak during mental health awareness week about changes in state health policy – including our new hospital model and new approach to funding behavioral health services. She also invited Dr. Olsen, an addiction medicine specialist, to reprise a presentation she had given elsewhere about the science of drug addiction. I did not discuss methadone. Dr. Olsen’s presentation covered methadone along with other treatments.

Dr. Olsen is one of the most distinguished experts in addiction medicine in Maryland. She was recently elected by her peers to the national board of the American Society of Addiction Medicine. She will shortly receive one of the top awards in her field from the American Association for the Treatment of Opioid Dependence. She is a dedicated and caring clinician who devotes her days – as well as many hours at night and on weekends – to helping Baltimore city residents escape the horror of heroin addiction. The Sun’s publication of a baseless attack on her without checking the facts or offering her a chance to respond is reprehensible.

The Sun's news coverage and editorial voice on so many health issues advance the public interest through reason, and where available, evidence. (My Twitter account is full of praise for Sun stories and editorials). However, to be more than a bulletin board that will publish falsehoods and to deserve the trust of Baltimore readers, the Sun must correct the erroneous and misleading statements published about treatment for heroin addiction and the record of the O'Malley Administration. The Sun should also apologize to Dr. Olsen.

Looking forward, I urge you, as executive editor, to extend the concept of "Light for All" to the evidence on effective treatment for substance use disorders. Such a perspective would help inform coverage of community concerns about treatment programs, questions that may arise about the quality of care, the new administration's efforts on heroin, and creative ideas that have yet to be tried in our city and state.

I am willing to meet with you, with editorial writers, and with reporters at the Sun at any time to discuss these concerns in more detail.

Sincerely,

A handwritten signature in dark ink, appearing to read "Josh M. Sharfstein", with a long horizontal flourish extending to the right.

Joshua M. Sharfstein, M.D.

Secretary